

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	3		/			
5	3		/			
6	1		/			
7	0		/			
8	0		/			
9	0		/			
10	0		/			
11	0		/			
12	0		/			
13	0		/			
14	0		/			
15	/		/			
16	/		/			
17	2		/			
18	0		/			
19	0		/			
20	0		/			
21	0		/			
22	0		/			
23	0		/			
24	0		/			
25	0		/			
26	0		/			
27	/		/			
28	/		/			
29	2		/			
30	0		/			
31	0		/			
32	0		/			
33	0		/			
34	0		/			
35	0		/			
36	0		/			
37	0		/			
38	0		/			
39	/		/			
40	/		/			
41	/		/			
42	3		/			
43	0		/			
44	0		/			
45	0		/			
46	0		/			
47	0		/			
48	/		/			
49	/		/			
50	2		/			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51	/	2		/	1			
52	/	1		/	1			
53		1			1			
54		2			1			
55		2			1			
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99								
100								
TOTAL IND.							6	
TOTAL DEP.							49	
TOTAL CLAIMS							55	